

## **INITIAL STATEMENT OF REASONS ADVANCED EMERGENCY MEDICAL TECHNICIAN REGULATIONS**

### **Sections 100101 through 100130**

#### **SPECIFIC PURPOSE OF THE REGULATION**

The proposed revisions to these Sections are to amend all “EMT-II” references to the new label of “Advanced EMT”, to make all references to “local EMS agency” read “LEMSA”, and to make all references to the “EMS Authority” read “Authority”.

Section 1797.82 of the Health and Safety Code is added to the authority and reference sections because it adds Advanced EMT to the definition of EMT-II.

The Advanced EMT amendments are based on the implementation of the National Educational Standards that will change the EMS provider level of services to EMT, Advanced EMT, and Paramedic. The LEMSAs amendments and Authority amendments were changed to be consistent with acronyms used throughout the regulations pertaining to EMT, Advanced EMT, and Paramedic.

#### **NECESSITY**

These changes are also necessary to be consistent with the Health and Safety Code section 1797.82 and the California Code of Regulations, Title 22, Division 9 Chapter 2 (EMT Regulations), Chapter 4 (Paramedic Regulations), Chapter 6 (Process for EMT and Advanced EMT Disciplinary Action), and Chapter 10 (Central Registry Regulations).

### **Sections 100101 and 100102**

#### **SPECIFIC PURPOSE OF THE REGULATION**

Section 1797.218 is added to the authority section to reference the fact that a LEMSAs may authorize an Advanced EMT, EMT-II or a Paramedic level of service or both levels of service in the same LEMSAs.

#### **NECESSITY**

The addition of Section 1797.218 of the Health and Safety Code is necessary for consistency with those sections of the Health and Safety Code in order to specify in regulations that Advanced EMT service and Paramedic services may be offered within the same LEMSAs.

### **Section 100101. Advanced Emergency Medical Technician Approving Authority.**

#### **SPECIFIC PURPOSE OF THE REGULATION**

Section title is changed from “EMT-II Approving Authority” to Advanced Emergency Medical Technician Approving Authority”. This Section is amended to give a definition of who will have the approval authority for the Advanced EMT.

#### **NECESSITY**

This amendment is necessary to specify that the LEMSAs has the authority to approve an Advanced EMT level of service along with Advanced EMT training programs, and Advanced EMT base hospitals. This is consistent with Division 2.5 of the Health and Safety Code, section 1797.171.

## **Section 100102. Advanced EMT Certifying Entity.**

### **SPECIFIC PURPOSE OF THE REGULATION**

Section title is changed from “EMT-II Certifying Authority” to “Advanced EMT Certifying Entity”. This Section is added to give a definition of who will be the certifying entity for the Advanced EMT.

### **NECESSITY**

This addition is necessary for a LEMSA to specify that the LEMSA Medical Director is the certifying entity for Advanced EMTs. This is consistent with Division 2.5 of the Health and Safety Code, section 1797.210.

## **Section 100102.1. Emergency Medical Services Quality Improvement Program.**

### **SPECIFIC PURPOSE OF THE REGULATION**

This Section was amended to provide a model for the development and implementation of an evaluation and quality improvement program for the delivery of emergency medical services providers, LEMSAs, the Authority and their respective personnel. This addition was recommended by the EMT-II Task Force.

### **NECESSITY**

This regulation is necessary in order to require that Advanced EMT service providers comply with the evaluation and quality improvement requirements of this Chapter and California Code of Regulations, Title 22, Division 9, Chapter 12 (EMS System Quality Improvement Regulations). This is also consistent with the two other levels of EMS Providers, EMTs and Paramedics, which is required in the California Code of Regulations, Title 22, Division 9, Chapter 2 (EMT Regulations) and California Code of Regulations, Title 22, Division 9, Chapter 4 (Paramedic Regulations).

## **Section 100103. Advanced Emergency Medical Technician.**

### **SPECIFIC PURPOSE OF THE REGULATION**

Section title is changed from “Emergency Medical Technician-II” to “Advanced Emergency Medical Technician”. The purpose of this amendment is:

1. To specify that an Advanced EMT needs to be a California certified EMT with additional training in limited advanced life support (LALS) and have an Advanced EMT certification card.
2. To clarify that an EMT-II that was certified, prior to January 1, 2009, may be certified as an Advanced EMT.

### **NECESSITY**

This change is necessary to require California EMT training and LALS training and have a valid Advanced EMT certification card to be an Advanced EMT. It is also necessary to state that those EMT-IIs that have been working prior to January 1, 2009, under an EMT-II program, may be considered Advanced EMTs. This is consistent with Division 2.5 of the Health and Safety Code, section 1797.82.

### **Section 100103.1. Authority.**

#### **SPECIFIC PURPOSE OF THE REGULATION**

This section was added to give a definition of Authority.

#### **NECESSITY**

This is consistent with Division 2.5 of the Health and Safety Code, section 1797.XX.

### **Section 100103.2. Limited Advanced Life Support.**

#### **SPECIFIC PURPOSE OF THE REGULATION**

This section was added to give a definition of limited advanced life support (LALS).

#### **NECESSITY**

This is consistent with Division 2.5 of the Health and Safety Code, section 1797.92.

### **Section 100104. Advanced EMT Certifying Examination.**

#### **SPECIFIC PURPOSE OF THE REGULATION**

Section title is changed from “Advanced EMT Certifying Examination” to “Advanced EMT Certifying Examination”. This section was amended to state that the certifying examination will be developed by Advanced EMT certifying entities and the Authority will be the entity that selects which test or tests will be given to the individuals applying for certification. The exam will be competency based and will be comprised of two parts, a certifying skills exam and a certifying written exam.

#### **NECESSITY**

These amendments were necessary because currently, there is no professionally developed, validated certifying exam available for Advanced EMT exam available.

### **Section 100105. Application of Chapter.**

#### **SPECIFIC PURPOSE OF THE REGULATION**

New Subsection (a) is added to specify that a LEMSA may approve either an advanced life support (ALS), meaning Paramedic, or LALS program, meaning Advanced EMT or a combination of the two, in one local EMS system. This addition was recommended by the EMT-II Task Force.

New Subsection (b) is added to require a LEMSA to conduct an impact evaluation report when Paramedic personnel will be displaced by initiating Advanced EMT services. This subsection also contains certain items that need to be addressed in the impact evaluation report as well as a required public hearing. This addition was recommended by the EMT-II Task Force.

New Subsection (c) is added to require the governing bodies of public safety agencies, whose Paramedic services may be displaced by initiating Advanced EMT services, to hold a public hearing and to provide an impact evaluation report to the LEMSA. This subsection also contains certain items that need to be addressed in the impact evaluation report as well as a required public hearing.

Old Subsection (c) is amended to become New Subsection (d). In this Subsection language is added to specify that if the conditions justify displacing Paramedic services the LEMSA may approve new Advanced EMT services. This subsection pertains only

to LEMSAs that are considering initiating new Advanced EMT services. Old Subsection (c) was repealed because the new subsection (b) contains more detailed requirements than the original (c). This addition was recommended by the EMT-II Task Force.

Old Subsection (a) is amended to become New Subsection (e).

Old Subsection (b) is amended to become New Subsection (f). In this Subsection the term “authorized” has been replaced with the term “approved”.

Section 1797.2 of the Health and Safety Code is added to the authority and reference sections because the intent of the legislature and the Authority is to promote Paramedic programs where appropriate throughout the state and initiate Advanced EMT programs where Paramedic programs are not feasible or appropriate.

Section 1797.82 of the Health and Safety Code is added to the authority and reference sections because it gives a statutory definition of an Advanced EMT.

Section 1797.218 is added to the authority section to reference the fact that a LEMSA may authorize an Advanced EMT or a Paramedic level of service or both levels of service in the same local EMS system.

### NECESSITY

The impact evaluation report language is necessary to require that a LEMSA evaluate the impact to existing Paramedic services when considering implementing a new Advanced EMT program.

The addition of Sections 1797.2 and 1797.218 of the Health and Safety Code are necessary for consistency with those sections of the Health and Safety Code in order to specify in regulations that Advanced EMT service and Paramedic services may be offered within the same local EMS system.

### **Section 100106. Advanced EMT Scope of Practice.**

#### **SPECIFIC PURPOSE OF THE REGULATION**

Section title is changed from “Scope of Practice of Emergency Medical Technician-II” to “Advanced EMT Scope of Practice”. Subsection (a) is amended to specify that an Advanced EMT may perform any activity identified in the EMT scope of practice.

Subsection (b) is amended to specify that in order for an Advanced EMT to perform the scope of practice items contained in this subsection, the Advanced EMT classification needs to be approved by the LEMSA for that local EMS system where the Advanced EMT is practicing. The purpose of this provision is to indicate that an individual with Advanced EMT training and/or Advanced EMT certification from another LEMSA, would have to function as an EMT if the Advanced EMT classification is not approved for the provider or location by the LEMSA where the Advanced EMT works. The exception to this provision is during a mutual aid response by an Advanced EMT provider to a local EMS system that has not approved an Advanced EMT level of service. The medications and skills contained in the amended subsections of subsection (b) were recommended by the Emergency Medical Services Medical Directors Association of California and the EMT-II Task Force.

Subsection (b) (1) is amended to specify that the advanced airway in the Advanced EMT scope of practice will be the perilyngeal airway adjunct.

Subsection (b) (2) is amended to add saline locks because they are used in the prehospital setting when hanging an intravenous bag is not necessary.

Subsection (b) (4) is amended to add the term, "and/or capillary" in reference to blood samples because the blood glucose meters used to determine blood sugar levels used in the prehospital setting use capillary blood typically from finger sticks.

New Subsection (b) (5) is amended to specify that blood glucose measuring devices are part of the Advanced EMT scope of practice.

Old Subsection (b) (5) is removed since the use of pneumatic anti-shock trousers are not used in the prehospital setting to auto-transfuse blood in a patient in shock.

Subsection (b)(6) is amended to specify that the medications listed in this subsection shall be administered by a route other than intravenous. The new medications added to this subsection are: aspirin, inhaled beta-2 agonists, and activated charcoal. The medications remaining in this subsection are: sublingual nitroglycerine preparations, glucagon, epinephrine, and naloxone. The medications deleted from this subsection and moved to subsection 100106.1 are: lidocaine hydrochloride, atropine sulfate, sodium bicarbonate, morphine sulfate, and furosemide. Syrup of ipecac and calcium chloride are deleted entirely as a recommendation from the Emergency Medical Services Medical Directors Association of California.

Defibrillation and cardioversion are moved to Section 100106.1.

Gastric suctioning via the naso- or orogastric intubation, visualization of the airway with a laryngoscope, removal of foreign bodies with forceps, endotracheal intubation, and use of snake bite kits are deleted entirely. Paramedics may administer epinephrine, naloxone and glucagon by the intravenous route, but not Advanced EMTs. This scope of practice has been evaluated in five trial studies throughout California (Imperial County, Santa Barbara County, Santa Clara County, Napa County and Sierra County) and shown to be effective when administered by properly trained EMTs.

The medications and skills moved to Section 100106.1 may be used by Advanced EMT providers, who were previously certified as EMT-II, when approved by a LEMSAs.

Subsection (b)(7) is added to specify that the 50% dextrose is an "intravenous administration".

Subsection (c) the original language is repealed entirely because direct voice contact and voice contact failure orders are no longer used in the prehospital setting because of improvements in quality improvement, training and patient treatment protocols. New language is added to specify the Advanced EMT's scope of practice during a mutual aid response.

Subsections (d), and (e) are repealed entirely because direct voice contact, voice contact failure orders are no longer used in the prehospital setting because of improvements in quality improvement, training and patient treatment protocols.

Subsection (f) is amended to specify that the scope of practice of an Advanced EMT is limited to the items listed in this section and that there will not be any optional skills for the Advanced EMT. This was a recommendation by the Emergency Medical Services Medical Directors Association of California.

Sections 8615, 8617, 8631, and 8632 of the Government Code is added to the authority and reference section because they pertain to mutual aid.

Section 1798.4 of the Health and Safety Code is removed from the authority and reference sections because it was repealed.

## NECESSITY

These amendments are necessary to specify the new Advanced EMT scope of practice that was recommended by the Emergency Medical Services Medical Directors Association of California. This is also consistent with Division 2.5 of the Health and Safety Code, section 1797.171.

### **Section 100106.1. Advanced EMT Local Optional Scope of Practice**

#### **SPECIFIC PURPOSE OF THE REGULATION**

This is a new section that specifies what accredited Advanced EMTs, who were previously certified EMT-IIs prior to the effective date of this Chapter, are authorized to practice. The optional skills listed specify cardiac medications, medications for pain control, anticonvulsant medications, and defibrillation and synchronized cardioversion for cardiac patients. The optional scope of practice items for the Advanced EMT will only pertain to those local EMS systems that previously approved an EMT-II level of service on or before January 1, 1994. The purpose for adding this new section is so that those local EMS systems that approved the EMT-II level of service will not experience a reduction in the level of service or scope of practice by those Advanced EMTs. This section also specifies that for a local EMS system that wishes to implement a new Advanced EMT level of service, they are restricted to the scope of practice of the Advanced EMT, contained in Section 100106, if they did not have EMT-IIs on January 1, 1994.

Section 1797.214 of the Health and Safety Code is added to the authority and reference section because it pertains to optional scope.

## NECESSITY

This is consistent with Division 2.5 of the Health and Safety Code and necessary to specify when optional scope may be utilized by the EMS system.

### **Section 100106.2. Advanced EMT Trial Studies.**

#### **SPECIFIC PURPOSE OF THE REGULATION**

This is a new section and was added to indicate the steps and requirements for requesting approval and conducting a trial study that would be used by Advanced EMTs. This Section is consistent with the Health and Safety Code, California Code of Regulations, Title 22, Chapters 2 (EMT Regulations) and Chapter 4 (Paramedic Regulations). Trial studies are used when a new medication or skill is studied to determine its efficacy in the prehospital setting for a particular classification of prehospital provider, such as EMTs, Advanced EMTs, and Paramedics. A trial medication or skill may be studied in the Advanced EMT scope of practice however, that medication or skill, cannot be added to the Advanced EMT scope of practice because of restrictions in the Health and Safety Code, Section 1797.171 (c). This addition was recommended by the EMT-II Task Force.

## NECESSITY

This new section is necessary to be consistent with the EMT and Paramedic Regulations as well as the Health and Safety Code, Section 1797.221.

## **Section 100107. Responsibility of the LEMSA.**

### **SPECIFIC PURPOSE OF THE REGULATION**

Section title is changed from “Responsibility of the Local EMS Agency” to “Responsibility of the LEMSA”. Subsections (b) and (f) (5) were amended to replace the term, “satellite hospitals,” with, “alternative base station.” Satellite hospitals is a term that is no longer used and alternative base station is the term used in the Health and Safety Code for a base station that does not meet the general acute care hospital requirements.

Subsection (d) was amended to remove the language that the LEMSAs need to submit the number of currently certified EMT-IIs, along with their names, to the Authority.

Subsection (f)(2) was amended to remove the term “EMT-II” from the patient care record and reporting requirements.

Section 1797.211 of the Health and Safety Code is added to the authority and reference sections because this was required in AB 2917 (Torrico), Chapter 274, Statutes of 2008.

### **NECESSITY**

These amendments are necessary for consistency with Division 2.5 of the Health and Safety Code, section 1797.53 and AB 2917 (Torrico), Chapter 274, Statutes of 2008.

## **Section 100107.1. Advanced EMT Quality Improvement Program.**

### **SPECIFIC PURPOSE OF THE REGULATION**

This is a new section to establish the quality improvement (EMSQIP) requirements for Advanced EMT service providers, base hospitals, and LEMSAs. This addition is also consistent with the California Code of Regulations, Title 22, Division 9, Chapters 2 (EMT Regulations) and Chapter 4 (Paramedic Regulations). This addition was recommended by the EMT-II Task Force.

### **NECESSITY**

This new section is necessary for consistency with the EMT and Paramedic regulations so that the requirements for EMSQIP programs are specified for EMT, Advanced EMT, and paramedic providers as well as LEMSAs, and base hospitals.

## **Section 100108. Advanced EMT Approved Training Programs.**

### **SPECIFIC PURPOSE OF THE REGULATION**

Section title is changed from “Approved Training Programs” to “Advanced EMT Approved Training Programs”.

Subsection (a) the term “limited advanced life support” is amended to use the acronym “LALS”.

Subsection (b) (1) is amended to include the complete and revised name of the State of California, Department of Consumer Affairs, Bureau of Private Postsecondary Education as the approving body for private post-secondary schools. This is a title change for the Bureau of Private Postsecondary Education from the previous Chapter of EMT-II Regulations. This addition was recommended by the EMT-II Task Force.

## NECESSITY

This amendment is necessary to have in place if the new Bureau becomes operative before these regulations go into effect.

### **Section 100109. Advanced EMT Training Program Teaching Staff.**

#### **SPECIFIC PURPOSE OF THE REGULATION**

Section title is changed from Teaching Staff” to “Advanced EMT Teaching Staff”.

Subsection (b) contains the following amendments:

1. The addition of a Paramedic to the list of individuals that may be an Advanced EMT training program’s course director. The EMT-II Task Force recommended this amendment because there are Paramedics that are qualified to function as an EMT-II training program course director,
2. Adding the number “(1)” after the word “one”, and
3. The addition of a minimum of 40 hours of instructional methodology courses to the course director requirements. This requirement is consistent with the EMT training program course director. Along with this requirement are some examples of course options that an individual may take to meet this requirement. The list of examples is not exhaustive and there are many combinations of classes and courses in instructional methodology that could meet the instructional methodology requirement. The duties of the course director are also listed. The approving authority will make the final determination if the course director meets this requirement.

Subsection (c) is amended to add the addition of a minimum of 40 hours of instructional methodology courses to the principal instructor requirements. This requirement is consistent with the EMT and Paramedic principal instructor requirements. Along with this requirement are some examples of course options that an individual may take to meet this requirement. The list of examples is not exhaustive and there are many combinations of meeting the instructional methodology requirement. The approving authority will make the final determination if the principal instructor meets this requirement.

Subsection (c) (2) is amended to indicate that a Paramedic who is functioning as the principal instructor must be currently licensed as opposed to currently certified. When the EMT-II Regulations were last revised, Paramedics in California were certified. Since 1994 Paramedics in California have been licensed. Advanced EMTs are also listed as a level may function as a principle instructor.

Subsection (e) is amended to indicate that a Paramedic field preceptor must be currently licensed as opposed to currently certified. When the EMT-II Regulations were last revised, Paramedics in California were certified. Since 1994 Paramedics have been licensed. Advanced EMTs were also added to list of who can be a field preceptor. Some of the amendments to this section were recommended by the EMT-II Task Force.

## NECESSITY

These amendments are necessary for consistency with the EMT and Paramedic Regulations and Advanced EMT training standards.



**Section 100110. Advanced EMT Training Program Didactic and Skills Laboratory**  
SPECIFIC PURPOSE OF THE REGULATION

The Section title is changed from “Didactic and Skills Laboratory” to “Advanced EMT Training Program Didactic and Skills Laboratory” for consistency with the rest of the Chapter headings.

NECESSITY

This is necessary to clarify the title of the section, to make it consistent with the other titles in this Chapter.

**Section 100111. Advanced EMT Training Program Hospital Clinical Training.**  
SPECIFIC PURPOSE OF THE REGULATION

Section title is changed from “Hospital Clinical Training for EMT-II” to “Advanced EMT Training Program Hospital Clinical Training”.

Subsection (a) is amended to add surgicenters, clinics, jails or other areas deemed appropriate by the LEMSA as clinical training sites. These facilities are added because some rural areas that wish to conduct Advanced EMT training may not have enough clinical training resources for their students.

Old Subsection (b) regarding 50 percent of the clinical training in the Advanced EMT’s assigned base hospital is deleted entirely because Advanced EMT training may not be conducted by base hospitals as was the case in 1988 when these requirements went into effect.

Subsections (c), (d), and (f) are be renumbered to reflect the deletion of subsection (b). These amendments were recommended by the EMT-II Task Force.

Subsection (e) is deleted entirely since the clinical activities are not done on a modular basis.

NECESSITY

The amendment to Subsection (a) is necessary for two reasons:

1. To be consistent with the Paramedic Regulations regarding alternative sites for clinical training, and
2. As an option for Advanced EMT training programs to offer enough clinical training in rural areas with limited hospital clinical training resources.

The amendment to Subsection (b) is necessary in order to not restrict an Advanced EMT to a base hospital especially if a particular local EMS system does not assign Advanced EMTs to base hospitals.

**Section 100112. Advanced EMT Training Program Field Internship.**  
SPECIFIC PURPOSE OF THE REGULATION

Section title is changed from “Field Internship” to “Advanced EMT Training Program Field Internship”.

Subsection (a) is amended to strike the requirement that an Advanced EMT or Paramedic service provider be affiliated with a base hospital. This requirement is not practical in all EMS systems in California.

Subsection (b) is amended to change “EMT-P” to “Paramedic” for consistency with the other sections in this Chapter.

Subsection (d) is amended to add Paramedic response vehicles as an option for Advanced EMT students to complete their field internship since the Advanced EMT skills and medications are contained in the Paramedic scope of practice. This expands the opportunities for Advanced EMT students to obtain their field internship portion of their training.

Subsection (e) is deleted entirely because the field internship needs to be completed all at once to give the Advanced EMT student the opportunity to practice all of their skills and not on a modular basis which focuses on just those skills contained in a particular module.

New Subsection (e), which was previously Subsection (f).

#### NECESSITY

The amendment to Subsection (a) is necessary because not all Advanced EMT or Paramedic service providers are affiliated with a base hospital.

The amendment to Subsection (d) is necessary to expand the field internship possibilities for Advanced EMT students because there are more paramedic service providers than Advanced EMT services providers.

The amendment to Subsection (e) is necessary because modular field internships are no longer used in Advanced EMT and Paramedic training.

### **Section 100113. Advanced EMT Training Program Approval.**

#### **SPECIFIC PURPOSE OF THE REGULATION**

Section title is changed from “Procedure for Program Approval” to “Advanced EMT Training Program Approval”.

Subsection (a) is amended for clarification and consistency with Section 100108 of this Chapter. The word “institutions” was struck and replaced with the word “programs” because Section 100108 refers to Advanced EMT training programs not training institutions. Another amendment to this subsection was to strike the phrase, “that wish to be approved as an EMT-II training program,” because this phrase is not necessary because a prospective Advanced EMT training program would not submit an application for approval unless they “wish” to be approved.

Subsection (b) (1) is amended to indicate that Advanced EMT training needs to be equivalent to or consist of the course content contained in the Advanced EMT model curriculum which will be incorporated by reference to this revised Chapter.

Subsection (b)(8) is added to require a challenge exam be included with the training program materials submitted to the LEMSA for approval.

Subsection (c) (4) is amended to specify an Advanced EMT training program needs to contain clinical and field internship training. These amendments were recommended by the EMT-II Task Force.

#### NECESSITY

The amendment to Subsection (a) is necessary for consistency in terminology with Section 100108 of this Chapter.

The amendment to Subsection (b) (1) is necessary in order to specify the correct minimal training for the Advanced EMT.

The amendment to Subsection (b)(8) is necessary to specify the requirement for having a challenge exam available to students that qualify to take the exam, so that they would not have to take the whole course.

The amendment to Subsection (c) (4) is necessary to specify the requirement for clinical training and field internship training.

#### **Section 100114. Advanced EMT Training Program Approval Notification.**

##### **SPECIFIC PURPOSE OF THE REGULATION**

Section title is changed from “Program Approval” to “Advanced EMT Training Program Approval Notification”.

Subsection (c) is amended to indicate that Advanced EMT program approval is valid for four years instead of two years. This amendment is consistent with EMT and Paramedic training program approvals which are for four years instead of two years. This amendment was recommended by the EMT-II Task Force.

##### **NECESSITY**

This amendment is necessary for consistency between the EMT and Paramedic training program approval periods.

#### **Section 100115. Application of Regulations to Existing EMT-II Training Programs.**

##### **SPECIFIC PURPOSE OF THE REGULATION**

Section title is changed from “Application of Regulations to Existing Training Programs” to “Application of Regulations to Existing EMT-II Training Programs”.

##### **NECESSITY**

The change was necessary for clarification and consistency with the other sections in this Chapter.

#### **Section 100116. Advanced EMT Training Program Review and Reporting.**

##### **SPECIFIC PURPOSE OF THE REGULATION**

Section title is changed from “Program Review and Reporting” to “Advanced EMT Training Program Review and Reporting”.

Subsection (c) is amended to clarify that the 30 days listed is actually 30 calendar days and to add principal instructors, course locations and proposed course dates to the notification requirements of an approved Advanced EMT training program to the approving authority. The EMT 2010 Task Force recommended that if the number of days listed is more than 30, then they would be classified as “calendar days”. If the number of days was less than 30, they would be classified as “working days”. The approving authority is responsible for ensuring that the principal instructors meet the minimum requirements contained in the regulations, this is important when there is a change in principal instructors. Training program approving authorities also provide information to the public as to the contact information and location of training programs. Training program approving authorities also need to verify training locations because some EMS training programs have satellite campuses in other local EMS jurisdictions and the original approving authority needs to be aware of these satellite campuses in order to coordinate with other LEMSAs. The reason for notifying the approving authority

of the proposed course dates is because the approving authorities report that information to the Authority and the public. These amendments were recommended by the EMT-II Task Force.

#### NECESSITY

These amendments are necessary in order for an Advanced EMT training program approving authority to verify the qualifications of principal instructors and to coordinate with other LEMSAs in the event of an Advanced EMT training program conducting an Advanced EMT course in another approving authority's jurisdiction. These amendments are also necessary to provide accurate information to the public for prospective students that may be looking for an approved Advanced EMT course.

#### **Section 100117. Advanced EMT Denial or Withdrawal of Training Program Approval.**

##### **SPECIFIC PURPOSE OF THE REGULATION**

Section title is changed from "Withdrawal of Program Approval" to "Advanced EMT Denial or Withdrawal of Training Program Approval".

The original language contained in this section was deleted because it lacked the detail and timelines necessary for withdrawal of an Advanced EMT training program approval. The new language was taken from the Paramedic Regulations and amended to pertain to an Advanced EMT training program approval. This amendment was recommended by the EMT-II Task Force.

#### **NECESSITY**

This amendment is necessary to specify the steps for withdrawal of an Advanced EMT training program's approval if that training program does not comply with the requirements in the regulations. This amendment is also necessary for consistency with the Paramedic Regulations.

#### **Section 100118. Advanced EMT Student Eligibility.**

##### **SPECIFIC PURPOSE OF THE REGULATION**

Section title is changed from "Student Eligibility" to "Advanced EMT Student Eligibility".

Subsection (a) (2) contains the following two amendments:

1. To strike the "IA" from the term EMT-IA because it is no longer used and the "I" from the term because the new title is "EMT". Currently there is only one term for EMTs and the A, which stood for "ambulance", was deleted in 1994.
2. The second amendment is to require that a current EMT certification is necessary for a student to be eligible for Advanced EMT training. An expired EMT certification is no longer accepted. Because Advanced EMT training is a minimum of 88 hours and the curriculum builds on the EMT knowledge, it is important that the Advanced EMT student have a current EMT certificate when starting Advanced EMT training.

Subsection (a) (3) is amended to specify the proper level of CPR training according to the most recent version of CPR guidelines from the American Heart Association that is required for student eligibility.

Subsection (a) (4) is struck entirely as a recommendation of the EMT-II Task Force who felt that that requirement was overly burdensome especially for rural areas that have difficulty in recruiting, training and retaining EMT-IIs.

Subsection (b) was struck entirely because the EMT-II Task Force felt that an entrance test may be discriminatory in some educational settings such as community colleges.

Subsection (c) (1 & 2) were struck entirely because the classification of EMT-INA (Non-ambulance) are no longer recognized.

The amendments to this section were recommended by the EMT-II Task Force.

### NECESSITY

These amendments are necessary for:

1. Consistency with current terminology regarding EMT certification.
2. Requiring current EMT knowledge and skill by requiring current EMT certification as a prerequisite for Advanced EMT training.
3. Specifying the correct level of CPR training according to the most recent American Heart Association Guidelines.

Eliminating a potentially discriminating entrance examination for Advanced EMT training.

### **Section 100119. Advanced EMT Training Program Required Course Hours.**

#### **SPECIFIC PURPOSE OF THE REGULATION**

Section title is changed from “Required Course Content” to “Advanced EMT Training Program Required Course Content”.

Subsection (a) was amended to reflect the minimum number of hours for Advanced EMT training has been reduced from 306 hours to 88 hours. Because the Advanced EMT has a limited scope of practice compared to the previous EMT-II, the focus of the new Advanced EMT training will be on the reduced scope of practice with an emphasis on competency and psychomotor skills based on pattern recognition and strict local EMS protocols.

Subsection (a) (1) is amended to reflect the minimum number of hours for didactic instruction and skill laboratory training which is being reduced from 210 hours to 48 hours.

Subsection (a) (2) is amended to reflect that the hospital clinical training hours shall consist of a minimum of 16 hours and the field internship shall consist of a minimum of 24 hours instead of a combined 96 hours of clinical and field internship training that was previously required. The references to credit given for skills utilized on a modular basis in clinical and field internship were deleted so that this revised Advanced EMT training is consistent with EMT and Paramedic training where training is conducted in sequence starting with didactic and lab training which leads to clinical training which then leads to the field internship. Advanced EMT training is no longer done in a modular format.

Subsection (b) is amended to reflect that the Advanced EMT student shall be required to have a minimum of 10 advanced life support patient contacts during their clinical training and field internship. The EMT-II Task Force recommended this amendment to establish a minimum number of ALS contacts from the combined clinical training and field internship based on experience from the Imperial County Trial Study. The Task Force also felt that the Advanced EMT student would be more likely to obtain the

majority of their ALS contacts in the clinical setting, unless their field internship is with a busy EMS provider. This subsection was also amended to delete pneumatic antishock trousers because they are no longer used for autotransfusion in the field. The esophageal obturator airway was also deleted and replaced with the paralaryngeal airway adjunct because there is more than one type of esophageal-tracheal airway being used in the field for Advanced EMT. The requirement for at least five of the ten ALS contacts coming from the field internship was deleted because it is not likely that five ALS contacts could be made with an EMS provider in a low call volume area. Subsection (c) is added to specify that the Advanced EMT student needs to demonstrate competency in the list of skills and medication administration routes as specified in the Advanced EMT Model Curriculum. This is important because the Advanced EMT Model Curriculum is incorporated by reference and its use is not mandatory so if the Advanced EMT training program does not use the Advanced EMT Model Curriculum, the student will still be required to demonstrate competency in the list of skills and routes of medication administrations. Subsection (d) is added to specify that the Advanced EMT student needs to demonstrate competency as the team leader on-scene at least five times during his/her field internship. This is important to determine if the student is capable of managing medical component of the scene of an emergency. Subsection (e) is added to require that the Advanced EMT student be evaluated as competent by in the various skills and medication administration routes by both the clinical and field preceptors. Old Subsection (c) was renumbered to (f) because of the addition of two new subsections.

### **NECESSITY**

These additions are necessary to:

1. Specify the correct minimum number of hours for each category of Advanced EMT training.
2. Specify the minimum number of advanced life support contacts for Advanced EMT training in order to determine competency in various areas of knowledge and skill. Specify that the responsibility of evaluating competency during Advanced EMT training will be with the clinical and field preceptors. This is consistent with Division 2.5 of the Health and Safety Code, section 1797.171.

### **Section 100120. Advanced EMT Training Program Required Course Content.**

#### **SPECIFIC PURPOSE OF THE REGULATION**

Section title is changed from "Required Course Content" to "Advanced EMT Training Program Required Course Content".

Subsection (a) was amended to require that Advanced EMT training consist of the topics and skills contained in the Advanced EMT Model Curriculum. The Advanced EMT Model Curriculum is also incorporated by reference as a guideline in this subsection. In the event that a training program uses a different Advanced EMT curriculum, the topics of that alternative curriculum shall consist of the minimum topics contained in the Advanced EMT Model Curriculum. An Advanced EMT training program is always welcome to exceed the minimum topics in the Advanced EMT Model

Curriculum. The Advanced EMT Model Curriculum was developed by the EMT-II Task Force's Educational Subcommittee. The Advanced EMT Model Curriculum was developed using the experiences from the Imperial County EMS Agency's EMT-Advanced Trial Study as well as abstracting certain relevant curriculum content from the US Department of Transportation's 1999 EMT-Intermediate National Standard Curriculum.

The course content contained in subsections (a-o) were deleted because the minimum course content for Advanced EMT training is contained in the Advanced EMT Model Curriculum. The list of minimum course content in the Advanced EMT Regulations is unnecessary.

These amendments and the incorporation of the Advanced EMT Model Curriculum to this Chapter of Regulations were recommended by the EMT-II Task Force.

### NECESSITY

These amendments are necessary to specify the minimum topics for Advanced EMT training because a standard curriculum does not exist. The EMT-II level will no longer be used when this Chapter of regulations go into effect. This is consistent with Division 2.5 of the Health and Safety Code, section 1797.171 which authorizes the EMS Authority to set the training and scope of practice items.

### **Section 100121. Advanced EMT Training Program Required Testing.**

#### **SPECIFIC PURPOSE OF THE REGULATION**

Section title is changed from "Required Testing" to "Advanced EMT Training Program Required Testing".

Subsection (a) is amended to require that each component of an approved Advanced EMT course include periodic examinations and that a comprehensive final examination be administered. This subsection is also amended to indicate that satisfactory performance in the written and skills components of Advanced EMT training shall be demonstrated for completion of the Advanced EMT Course. This is necessary to require that an Advanced EMT training program evaluate their students to determine if they are competent in the knowledge and skills contained in the course.

Subsection (b) was deleted entirely because it is contained in subsection (a).

Subsection (c) was renumbered to Subsection (b).

The amendments to this section were recommended by the EMT-II Task Force.

Section 1797.63 of the Health and Safety Code is added to the authority and reference section because it specifies certification examination options.

### NECESSITY

These amendments are necessary to specify that periodic examinations and a comprehensive final examination is a necessary requirement for an Advanced EMT training program which assists the Advanced EMT training program approving authority to require these examinations when evaluating an application for Advanced EMT training program approval. This is consistent with Division 2.5 of the Health and Safety code, section 1797.171.

### **Section 100122. Advanced EMT Training Program Course Completion Record.**

## SPECIFIC PURPOSE OF THE REGULATION

Section title is changed from “Course Completion Record” to “Advanced EMT Training Program Course Completion Record”.

Subsection (b) (2) is amended to add the word “course” to clarify Advanced EMT course completion.

Subsection (b) (3) is a new subsection to clarify that the course completion record needs to indicate the type of course completed as well as the hours of training. This is important to specify which course the student has completed.

Subsection (b) (4) is amended to specify that the individual named on the course completion record has completed the Advanced EMT course instead of Advanced EMT training. The purpose of this change is to indicate that the Advanced EMT course is a start to finish course and not a modular course.

Subsection (b)(8) is amended to require the course completion record to have the following statement on the document “This is not an Advanced EMT certificate”.

Subsection (b) (9) is new subsection to indicate that the course completion record is valid for only two years from date of course completion for an Advanced EMT certification candidate to apply for Advanced EMT certification. If after the two year period the individual does not apply for Advanced EMT certification, the course completion record becomes invalid for applying for Advanced EMT certification and the individual will have to take the entire Advanced EMT course over if they wish to be certified as an Advanced EMT. This is also consistent with the EMT and Paramedic Regulations.

Subsection (c) is amended to require that the Advanced EMT training program submit a list of Advanced EMT students that have successfully completed the Advanced EMT course to the appropriate Advanced EMT certifying entity. Because an Advanced EMT certifying entity may be a different LEMSA than the one that approved the Advanced EMT training program, it is important for the Advanced EMT approving authority to verify that the course completion record is valid and not fraudulent. The deadline for submitting this list has been shortened from 30-days to 15 working days. The purpose of this amendment is to ensure that Advanced EMT certifying entities are made aware of individuals with valid course completion records in a timely manner in order to reduce the incidence of fraudulent course completion records.

The amendments to this section were recommended by the EMT-II Task Force.

Authority and Reference Sections were added because they were not included in the previous Chapter of Regulations.

## NECESSITY

The amendments to subsections (b) (2 & 4) and the addition of subsection (b) (3) are necessary for clarification and consistency with the EMT and Paramedic Regulations. The amendment of subsection (b)(8) is necessary to be consistent with the EMT and Paramedic Regulations.

The addition of subsection (b) (9) is necessary to indicate the timeframe for which an Advanced EMT course completion record can be used to certify as an Advanced EMT and to be consistent with the EMT and Paramedic Regulations.

The addition of the Authority and Reference citations are necessary to be consistent with the relevant sections of the Health and Safety Code.



This is also consistent with Division 2.5 of the Health and Safety Code, section 1797.171.

### **Section 100123. Advanced EMT Initial Certification Requirements.**

#### **SPECIFIC PURPOSE OF THE REGULATION**

Section title is changed from “Certification” to “Advanced EMT Initial Certification Requirements”.

Subsection (a) is amended to specify that this section pertains to “initial” Advanced EMT certification as opposed to renewing Advanced EMT certification which is addressed in subsequent sections.

Subsection (a) (1) is amended to:

1. Delete the term EMT-IA and replace with the term EMT because EMT-IA is no longer used in California.
2. Specify that the EMT certificate must be issued in California which is important for out-of-state EMTs transferring into California. Out-of-state EMTs must meet the interstate certification reciprocity requirements contained in the EMT Regulations before being certified as an Advanced EMT.
3. Delete the provision that an expired EMT certificate is valid for Advanced EMT certification because a current California EMT certificate is now required.

Subsection (a) (2) is amended to indicate that Advanced EMT training shall consist of the topics contained in the approved Advanced EMT training program. This is important because the Advanced EMT Model Curriculum is incorporated by reference as a guideline and other Advanced EMT training materials may be used instead of the Advanced EMT Model Curriculum.

New Subsection (a)(4) is added to specify that beginning July 1, 2010, all Advanced EMTs must complete a criminal history background check specified in Chapter 10. This addition is consistent with the EMT and Paramedic Regulations.

Old Subsection (a)(4) was struck because to be an EMT, an applicant must be 18 year old to get an EMT certificate.

Old Subsection (a)(5) was struck because it was unnecessary. Those requirements were specified in subsequent subsections.

New Subsection (a)(5) is added to indicate that the Advanced EMT has to fill-out and application form containing a “penalty of perjury statement”. This addition is consistent with California Code of Regulations, Title 22, Chapter 4 (Paramedic Regulations).

Subsection (a)(6) is a new subsection added to specify that an Advanced EMT candidate must disclose any past EMS certification and/or licensure action taken against them by a LEMSA or the Authority.

Subsection (a)(5)(E) is amended to be New Subsection (a)(7)

Subsection (a)(5)(F) is amended to be New Subsection (a)(8)

New Subsection (a)(9) is added to indicate that the Advanced EMT will have to complete additional training, specified in Section 100106.1 of this Chapter, if it is applicable.

New Subsection (a)(10) is added to specify that a current full face, passport compliant photo must be furnished and that it is not considered public record.

Subsection (b) is amended to specify that a current California Advanced EMT certificate is required in order to be certified as an Advanced EMT by another LEMSA. This

subsection was also amended to delete a lapsed EMT-II or Paramedic certification because these items are addressed in subsection (d). Subsections (a)(6-9) were added as sections that are required to be fulfilled in order to be certified and Advanced EMT who meets the requirements of this subsection.

Subsection (b)(2) was amended to reference the new Section 100106 regarding the training needed for Advanced EMT certification.

Subsection (c) is deleting the original language because the out-of-state reciprocity for California Advanced certification is addressed in the new subsection (e) of this section.

This Subsection is amended to add language specifying that a currently licensed Paramedic in California is deemed certified as an Advanced EMT with no further application or testing required. The only exception to this provision is for a Paramedic whose license is under suspension in which case the Paramedic shall apply to the LEMSA in order for the LEMSA to evaluate the reason for the suspension and determine if the individual should be certified as an Advanced EMT.

Subsection (d) is a new subsection that specifies the Advanced EMT initial certification requirements for individuals with a lapsed National Registry of EMT-Intermediate certification, an out-of-state EMT-Intermediate certification, or Paramedic license or certification.

Subsections (d) (1-4) are new and specify the timelines for different lengths of time since the National Registry of EMT-Intermediate certification, out-of-state EMT-Intermediate certification, or Paramedic license or certification has lapsed. These timelines were agreed upon by the EMT-II Task Force members and are consistent with the EMT Regulations

Subsection (e) is amended to delete the requirements of the EMT-II certifying examination which are contained in subsection (a)(3) and are unnecessary in this subsection. The other amendment to this subsection is to specify the eligibility requirements to obtain Advanced EMT certification in California for individuals who have a current and valid out-of-state EMT-Intermediate or National Registry of EMTs, EMT-Intermediate certification, or an individual who possesses a current and valid out-of-state or Paramedic license or certification and that they must fulfill the requirements of subsections (a)(3-9) of this section.

Subsection (f) is renumbered from subsection (d). This subsection is also amended to more clearly describe the challenge requirements for a Physician, Registered Nurse or Physician Assistant wishing to seek certification as an Advanced EMT.

Subsections (f) (1 – 3) are added to specify the steps required to complete the challenge provision and to determine if the individual has had relevant training for the Advanced EMT scope of practice and to require a field internship to ensure that the individual is evaluated as competent in the Advanced EMT knowledge and scope of practice. The amendments in this subsection were recommended by the EMT-II Task Force and are consistent with the Paramedic Regulations.

Subsection (g) is renumbered only from the prior subsection (f).

Subsection (h) is amended to:

1. Delete the reference to EMT-P because a California licensed Paramedic is deemed to be certified as an Advanced EMT by virtue of their Paramedic license.
2. To strike “county” in reference to California county because it is unnecessary.

3. To add that the expiration date on the newly issued Advanced EMT certificate does not exceed the expiration date on the current Advanced EMT certificate that an individual may hold from another jurisdiction.

The first two amendments in this subsection were recommended by the EMT-II Task Force.

Subsection (i) is new language and is added to specify that EMTs that have received additional training specified in the EMT Optional Skill Section of the EMT Regulations will be given credit for that training and shall be evaluated for supplemental training and testing for Advanced EMT certification. This provision is only effective for twelve months after the revised Advanced EMT Regulations become effective, after twelve months, this provision will sunset. This is important because most of the EMT Optional Skills will sunset after the Advanced EMT Regulations go into effect. The only remaining EMT Optional Skill will be the use of the Epi-Pen, Mark 1 kits, Naloxone, and perilaryngeal airway adjuncts. The amendments in this subsection were recommended by the EMT-II Task Force.

Subsection (j) is renumbered from subsection (h) and amended to state that the Advanced EMT certification cards are to be the Authority approved wallet-sized certification card format and must contain items listed in Section 100644(c) of Chapter 10. The previous language in this subsection was deleted because it is contained in other subsections.

Subsection (k) is renumbered from subsection (l) and is amended to specify that all California issued EMT and Advanced EMT certificate cards are to be printed by the certifying entity using the Central Registry criteria, pursuant to Chapter 10 of this Division. If the certifying entity chooses not to print certification cards, they must submit a written request to the Authority to have the Authority print and issue the certification cards for the certifying entity.

New Subsection (l) is added to indicate that the effective date of certification shall be the date the individual completes all certification requirements and has applied for certification. The certification is valid for a maximum of two years and that the expiration date is the last day of the month of the two year period. This is consistent with the EMT and Paramedic Regulations. The amendments in this subsection were recommended by the EMT-II Task Force.

Subsection (j) is renumbered to subsection (m) and amended to change the term EMT-IA since to EMT.

The addition of Section 1797.212 of the Health and Safety Code as a reference is added regarding the statutory authorization for a LEMSA to charge a fee for administering their certification program.

## NECESSITY

Amendments to:

Subsection (a) is necessary to differentiate “initial” Advanced EMT certification from “renewing” Advanced EMT.

Subsection (a) (1) is necessary because Advanced EMT training builds on the EMT base knowledge and current EMT certification as a prerequisite for Advanced EMT certification is necessary to ensure that EMT base knowledge is current.

Subsection (a) (2) is necessary because the Advanced EMT Model Curriculum is incorporated by reference to this Chapter of Regulations as a guideline and other Advanced EMT training material may be used instead of the Advanced EMT Model Curriculum. Advanced EMT training is proposed to be at a minimum of 88 hours.

Subsection (a) (4) is necessary to require background checks.

Subsection (a) (5) is necessary because the Advanced EMTs will have to sign the application which now contains a statement that the application is true and correct and signed under penalty of perjury.

Subsection (b) is necessary to specify the certification requirements for Advanced EMTs that practice in more than one local EMS system.

Subsection (c) is necessary because:

1. The interstate reciprocity provisions have been revised and moved to subsection (e) based on the recommendation from the EMT-II Task Force.
2. A currently licensed Paramedic in California is deemed an Advanced EMT without further certification or testing. This amendment is also necessary to specify that a Paramedic whose Paramedic license is under suspension must apply to the LEMSA for certification so that the LEMSA can evaluate the facts of the suspension and determine if those facts would prohibit the Advanced EMT from being certified.

Subsection (d) is necessary for consistency with the EMT and Paramedic Regulations and this amendment was recommended by the EMT-II Task Force.

Subsection (e) is necessary because:

1. The certification examination content is deleted to avoid duplication because this is addressed in subsection (a) (3) of this Section.
2. An out-of-state individual seeking reciprocity in California with an equivalent or higher prehospital certification does not need to submit copies of their out-of-state EMT certification or show proof of successful course completion because the other state's EMS certifying authority or the National Registry has already screened the individual for those items.

Subsection (f) is necessary for

1. Clarification by deleting unnecessary language.
2. Specifying the requirements of verifying the individual has received the proper instruction, has been evaluated as competent in the Advanced EMT scope of practice during actual patient contacts and the individual meets the Advanced EMT certification requirements to practice as an Advanced EMT.

Subsection (h) is necessary because the previous language was unnecessary and inconsistent with other Sections of this Chapter.

Subsection (i) is necessary in order to give credit to those individuals who have been trained in the EMT optional skills and practiced those skills and not require them to repeat their training. The timeframe specified in this subsection is also necessary in order for a LEMSA to evaluate these individuals and provide them with the supplemental training, if necessary, without allowing too much time to lapse which would contribute to knowledge and skill degradation.

Subsection (k) is necessary for consistency with the EMT and Paramedic Regulations.

Subsection (l) is necessary for consistency with the EMT and Paramedic Regulations.

Subsection (m) is necessary because EMT-IA is no longer recognized in the EMS system.

## **Section 100124. Advanced EMT Recertification.**

### **SPECIFIC PURPOSE OF THE REGULATION**

This Section was re-titled and amended in order to address a more appropriate need, the Advanced EMT recertification without a lapse in certification. The previous references to continuing education were deleted because they were unnecessary in this Chapter and are contained in Chapter 11 of the California Code of Regulations, Title 22, Division 9. The original references to periodic skills demonstrations were deleted because each provider is required to have an EMSQIP program. Subsection (a) is amended to delete the requirement for attendance at organized field care audits because that is one of the many options an Advanced EMT has for continuing education. This is also consistent with the EMT and Paramedic Regulations. This subsection also contains new language to require that an Advanced EMT must have a current California Advanced EMT certificate in order to renew their Advanced EMT certification under the provisions of this subsection. If the Advanced EMT certificate is expired, the individual will then need to meet the requirements contained in the Recertification After Lapse in Certification, Section 100125 of this Chapter.

Subsection (b) is amended to delete the references to periodic training sessions, clinical experience and other training topics because these requirements are out dated and inconsistent with EMT and Paramedic regulations. This subsection is also amended to specify the minimum number of hours of continuing education that an Advanced EMT needs to complete in order to recertify their Advanced EMT certification. The number of continuing education hours is reduced from 48 to 36 as a recommendation from the EMT-II Task Force. This subsection also references Chapter 11, the Continuing Education Regulations to indicate the types and requirements of continuing education that may be used for recertification.

Subsection (c) is amended to delete the monthly demonstration of skills because they are no longer necessary because Advanced EMT service providers are required to have a EMSQIP in-place. This amendment is also necessary because the Advanced EMTs will have to sign the application which now contains a statement that the application is true and correct and signed under penalty of perjury, pursuant to section 100023(a)(5) of this Chapter.

New Subsection (d) is added to inform the renewing Advanced EMT candidate that they need to disclose any EMS certification or licensure action taken against their certificate or license by the LEMSA or Authority.

New Subsection (e) is added to indicate that beginning July 1, 2010, the applicant must complete the criminal history background check as required in California Code of Regulations, Title 22, Division 9, Chapter 10 (Central Registry).

New Subsection (f) is added to state that the Advanced EMT has to furnish a full face photo that is passport compliant to the certifying entity and that the photo is not public record.

New Subsection (g) is added to require that the Advanced EMT submit the completed skills competency verification form that verifies competency in the listed skills Advanced EMT scope of practice. This document is required to be submitted every time an Advanced EMT, without a lapse in certification, recertifies as an Advanced EMT. This document will also be incorporated by reference in this subsection because only one

form will be accepted for renewing Advanced EMT certification. This ensures that the skills listed are evaluated by an approved evaluator and that the form is not altered.

The skills listed in this subsection were recommended by the EMT-II Task Force.

New Subsection (h) is added to indicate what an Advanced EMT on active duty while the Advanced EMT certification expired must do, upon deactivation or release from active duty, to renew the Advanced EMT certificate.

New Subsection (i) is added to clarify the effective date of a recertification candidate who applies for recertification six months or less before their certification expires.

New Subsection (k) is added so that Advanced EMT providers may time their employees' recertification dates to help with coordinating training schedules and budgets.

Subsection (d) was renumbered to be New Subsection (l) and is amended to state that the wallet-sized Advanced EMT certification card shall contain all information in Section 1000123(j).

The majority of the amendments to this section were recommended by the EMT-II Task Force.

The relevant Authority and Reference Sections are added because they were not part of this section in the previous version of this Chapter.

## NECESSITY

These amendments are necessary:

1. To be consistent with the EMT Regulations and to differentiate Advanced EMT "recertification" from "initial" Advanced EMT certification and "lapsed" Advanced EMT recertification. The deletions in this Section are also necessary to refer Advanced EMTs to the Continuing Education Chapter of Regulations for consistency of prehospital continuing education amongst the three levels of prehospital providers, EMT, Advanced EMT and Paramedic.
2. For subsections (a), (b), (c), and (d) to be consistent with the certification requirements contained in Section 100123.
3. For regular demonstrations of competency in the skills identified by the EMT-II Task Force.
4. To specify the cutoff dates for when an Advanced EMT renews their Advanced EMT certification and the effective date will either start the day after the current expiration date, or when the Advanced EMT will be issued a new effective date and subsequent expiration date.
5. To specify that the Advanced EMT certifying entity shall issue a wallet-sized Advanced EMT certification card in order to verify the Advanced EMT certification status and certification number.

To add the reference to section 1797.210 of the Health and Safety Code regarding the requirement of the Medical Director of the LEMSA to issue an Advanced EMT certificate for Advanced EMT certification and recertification. The addition of Section 1797.212 of the Health and Safety Code as a reference is added regarding the statutory authorization for a LEMSA to charge a certification fee for administering the program. This is also consistent with Division 2.5 of the Health and Safety Code, section 1797.171.

## **Section 100125. Advanced EMT Recertification After Lapse in Certification.**

### **SPECIFIC PURPOSE OF THE REGULATION**

This section is re-titled and amended to specify the requirements for an Advanced EMT with a lapsed Advanced EMT certificate to renew their Advanced EMT certification.

This is necessary to reduce confusion over Advanced EMT “initial” certification, Advanced EMT “recertification” without a lapse, and Advanced EMT “recertification” with a lapse.

Subsection (a) is amended to specify the purpose of this section.

Subsections (a) (1), (a) (2), (a) (3), (a) (4), (a) (5), (b), and (c) – The previous language was deleted because these requirements were moved to Section 100124.

Subsections (a) (1), (a) (2), (a) (3), and (a) (4) – New language was added to specify the four timelines for an Advanced EMT with a lapsed certification to recertify. The additions of these timelines are recommended by the EMT-II Task Force and are consistent with the EMT and Paramedic Regulations in regards to renewing a lapsed certification or license. Each timeline specifies the additional hours of training in relation to the amount of time that has lapsed from the Advanced EMT expiration date. For lapses in certification beyond 24-months the individual will need to complete an entire Advanced EMT course. The reason for these additional training hour requirements is because an Advanced EMT that is not currently certified is most likely not practicing as an Advanced EMT and because of knowledge and skill degradation over time, the EMT-II Task Force recommended additional training relative to the amount of time since that lapse in certification and a cut-off point to retake the entire Advanced EMT course.

Subsection (b) is amended specify the effective date of Advanced EMT certification is the date that the individual meets all of the certification requirements instead of when the individual passes the certification examination. The old language, regarding the effective date would be the date the individual successfully passes the written and skills certifying examination, was deleted. This is important because an individual may pass the certification examination and not apply for certification for a period of time.

Subsection (c) was deleted because it is unnecessary. The LEMSAs that certify Advanced EMTs will need to provide adequate certifying examinations as specified in Section 100123 (a)(3) of this Chapter.

Old Subsection (d) was renumbered to (c) because the old subsection (c) was deleted. Also, this subsection was amended to add the word “card” in reference to the wallet-sized certificate.

Section 1797.212 of the Health and Safety Code is added as a reference regarding the statutory authorization for a LEMDSA to charge a certification fee for administering their Advanced EMT certification program.

### **NECESSITY**

The amendments to this section are necessary:

1. To clarify the requirements, in the title, for an individual to recertify as an Advanced EMT who has a lapsed Advanced EMT certificate.
2. Because old subsections (a) (1), (a) (2), (a) (3), (a) (4), (a) (5), (b), and (c) were moved to Section 100124 of this Chapter.

3. Because new subsections (a) (1), (a) (2), (a) (3), and (a) (4) should be consistent with the EMT and Paramedic Regulations in regards to renewing a lapsed certification or license.
4. So that the language regarding the effective date of an Advanced EMT certificate is consistent with the EMT Regulations.
5. Because the deletion of the old subsection (c) the language was unnecessary and this provision is addressed in Section 100123 (a)(3).

### **Section 100126. Advanced EMT Service Provider.**

#### **SPECIFIC PURPOSE OF THE REGULATION**

Section title is changed from “EMT-II Service Provider” to “Advanced EMT Service Provider”.

Subsection (a) is amended to delete “limited advanced life support” and replace it with the acronym “LALS”, and add the term, “and evaluation through its EMSQIP” for consistency with the EMT and Paramedic Regulations.

Subsection (b) (3) is amended to clarify the requirement for an Advanced EMT service provider to maintain a drug and solution inventory and amended to delete “limited advanced life support” and replace it with the acronym “LALS”.

Subsection (b) (4) is amended to specify the requirement for an Advanced EMT service provider to participate in the local EMSQIP and is amended to delete “limited advanced life support” and replace it with the acronym “LALS”.

Subsection (b) (5) is a new subsection that is added to ensure that the service provider evaluates their Advanced EMT to make sure they are competent and knowledgeable in the relevant local policies, procedures, and protocols.

Subsection (c) is amended to clarify that that Paramedic services are advanced life support services and is amended to delete “advanced life support” and replace it with the acronym “ALS”.

Subsection (e) is deleted because it is unnecessary. The frequency of reviewing Advanced EMT service provider agreements by the LEMSA is up to the LEMSA and the terms of service provider agreements may extend beyond a two year period.

Old Subsection (f) is renumbered to subsection (e) because old subsection (e) was deleted.

Section 1797.2 of the Health and Safety Code is added to the authority and reference sections because the intent of the legislature and the Authority is to promote Paramedic programs where appropriate throughout the state and initiate Advanced EMT programs where Paramedic programs are not feasible or appropriate.

#### **NECESSITY**

These amendments are necessary:

To be consistent with the EMT and Paramedic Regulations in regards to requiring the Advanced EMT service provider to have an EMSQIP .

To require that the Advanced EMT service provider have and maintain a current drug and solution inventory as well as the locally required Advanced EMT medical equipment and supplies inventory.



To hold Advanced EMT service providers responsible for evaluating the knowledge of local policies, procedures and protocols and competency of their Advanced EMT employees.

For a LEMSA to review their Advanced EMT service provider agreements at a frequency that will be established in the agreement between the service provider and the LEMSA.

To add the legal authority references regarding the promotion of Paramedic systems and authorizing Advanced EMT services in the same local EMS system.

### **Section 100127. Advanced EMT and/or EMT-II Base Hospital.**

#### **SPECIFIC PURPOSE OF THE REGULATION**

Section title is changed from “EMT-II Base Hospital” to “Advanced EMT and/or EMT-II Base Hospital”.

Subsection (a) is amended to add the term “alternative base station” for consistency with the Health and Safety Code and to serve as a medical control alternative for areas with limited base hospital resources. The term, “approve,” has been deleted because it is redundant. When a LEMSA designates a base hospital or alternative base station, it is understood that the base hospital or the base station has been approved and meets certain requirements for those responsibilities. The phrase “as the local EMS Agency deems necessary,” has been deleted because it is unnecessary and is understood that, if designated, the base hospital or base station is deemed necessary. The term, “immediate,” is deleted because it is also understood that if designated, a base hospital or alternative base station will provide immediate medical direction, otherwise they would not be a base hospital or alternative base station. The term, “in accordance with policies and procedures established by the local EMS agency,” was deleted because it is understood that medical direction will be in accordance with the local policies, procedures, and protocols established by the local EMS agency. Paramedic base hospitals may also serve as an Advanced EMT base hospital because base hospitals do not need to be exclusive to either Paramedics or Advanced EMTs, they may serve both levels of EMS provider.

Subsection (b) is amended by replacing the term, “approved,” with “designated” for clarification because a base hospital is designated and not approved. This is also consistent with the Paramedic Base Hospital requirements in the Paramedic Regulations.

Subsection (b)(2) is amended to add language that is consistent with the Paramedic Base Hospital requirements in the Paramedic Regulations.

Subsection (b) (3) is new language inserted for consistency with the Paramedic Regulations.

Subsections (b) (4), (b) (5), (b) (6), (b) (7), (b) (8), (b)(9), (b)(10), (b)(11), (b)(12), and (b)(13) are renumbered and amended for consistency with the Paramedic Base Hospital requirements in the Paramedic Regulations. This is important because an Advanced EMT base hospital may also serve as a Paramedic base hospital so these requirements need to be consistent.

Subsection (c) is amended because the old language is unnecessary. The frequency of reviewing base hospital agreements by the LEMSA is up to the LEMSA and the terms of

a base hospital agreement may extend beyond a two year period. This is also consistent with the Paramedic Regulations.

The new language is added so that an alternative base station may serve as a medical control alternative for areas with limited base hospital resources. This is also added for consistency with the Health and Safety Code which grants the legal authority to utilize alternative base stations.

Subsection (d) is amended because a base hospital may be either a Paramedic base hospital or an Advanced EMT base hospital or both. To specify just an Advanced EMT base hospital is unnecessary in this subsection because if a base hospital fails to meet the requirements to be a base hospital, the LEMSA may take disciplinary action on that base hospital designation.

Subsection (e) was deleted because alternative base stations are addressed in subsection (c) of this section.

Reference section is amended to add references to alternative base stations.

The amendments to this section were recommended by the EMT-II Task Force.

### NECESSITY

The amendments to this section are necessary for clarification and consistency with the medical control provisions of the Paramedic Regulations. The addition of the alternative base station is necessary for consistency with the Health and Safety Code.

### **Section 100128. Medical Control.**

#### **SPECIFIC PURPOSE OF THE REGULATION**

The preface to subsection (a) was amended to be concise and consistent with the Paramedic Regulations.

Subsection (a) is amended to add the phrase, “at a minimum,” to indicate that the list in this subsection is not exhaustive and for consistency with the Medical Control provisions of the Paramedic Regulations.

Subsections (a) (1), (a) (2), (a) (3), (a) (5), are amended to be concise and consistent with the Medical Control provisions of the Paramedic Regulations.

Subsection (a) (4) is deleted as a recommendation from the EMT-II Task Force because standing orders are common in Advanced EMT and Paramedic EMS systems.

Old Subsection (a) (5) is renumbered to (a) (4) and amended to clarify the requirements that need to be established for patients that do not require transport or refuse transport.

Subsection (a) (4) (A) is deleted because the telecommunications requirement is contained in subsection (b) of this section.

Subsection (a) (4) (B) is deleted because review of patient care records, whether the patient is transported or not, is part of the Advanced EMT service provider’s EMSQIP process as required in Section 100107.1 of this Chapter.

Subsection (a) (6) is deleted because the medical control provisions for alternative base stations, formally known as satellite hospital, are covered in Section 100127 (c) of this Chapter and subsection 100128 (a) (2) of this Chapter.

Subsection (a) (5) (E) is added to specify the distribution of copies of the patient care report for the patient’s medical record at the receiving hospital, the base hospital or alternative base station that was involved in providing medical control for EMSQIP purposes, as well as, the Advanced EMT service provider for EMSQIP purposes.

Subsection (b) is amended to use current terminology to clarify the LEMSA's responsibilities in establishing and maintaining medical control.

Subsection (b) (1) is deleted because EMT-IIs are no longer assigned to specific base hospitals.

Subsection (b) (2) is deleted because an EMT-II cannot transfer care of a patient to a lower qualified person that the EMT-II has initiated care on, this may be considered abandonment and is subject to certification disciplinary action. This topic is covered in the medical-legal portion of Advanced EMT. An Advanced EMT may transfer care of a patient to an equal or higher qualified person.

Subsection (c) is amended to remove the term "continuing education" and replace it with the acronym "CE" for consistency with the rest of the Chapter.

Subsection (c) (1) is amended to reflect the current terminology of mobile intensive care nurse instead of authorized registered nurse.

Subsection (c) (2) is amended to reflect current technology in that tape recordings are not used as much anymore, the shift to digital recording is more common.

Subsection (c)(4) is amended to remove the term "continuing education" and replace it with the acronym "CE" for consistency with the rest of the Chapter.

Subsection (d) is added for consistency with the Paramedic Regulations as well as to indicate that the medical director of the LEMSA may make arrangements for exceptions to the requirements of Section 100127 in the event a hospital does not meet all of the requirements of Section 100127 or the base hospital medical director does not meet all of the requirements of Section 100127.

The amendments to this section were recommended by the EMT-II Task Force.

## NECESSITY

The amendments to this Section are necessary:

Subsection (a) for consistency with the Paramedic Regulations.

Subsection (a)(1), (2), (3), and (5) for consistency with the medical control provisions of the Paramedic Regulations.

Subsection (a)(4) for consistency with current trends regarding medical control.

Subsection (a)(4)(A) is unnecessary in this section because it is addressed elsewhere in this Chapter.

Subsection (a)(4)(B) is unnecessary because the provisions in this subsection are addressed in subsection (b).

Subsection (a)(6) is unnecessary because the provisions in this subsection are contained in Section 100127 (c) subsection 100128 (a) (2) of this Chapter.

Subsection (a)(5)(E) to ensure that the hospitals (the receiving hospital, the base hospital or the alternative base station) and the provider receive copies of the patient care report for the patient's medical record and for quality improvement processes.

Subsection (b) for consistency with current terminology.

Subsection (b)(1) is unnecessary and no longer practiced.

Subsection (b)(2) is unnecessary.

Subsection (c)(1) for consistency with current terminology.

Subsection (c)(2) for consistency with current technology.

## **Section 100129. Record Keeping.**

### **SPECIFIC PURPOSE OF THE REGULATION**

Subsection (a) is amended to include the training program's names, addresses, phone number, frequency of classes, student eligibility requirements, costs and date of expiration of the training program's approval because this information is requested by the Authority from the LEMSAs in order to post on the Authority's web site. This is also a recommendation from the EMT-II Task Force.

Subsection (b) is amended to state that the approving authority shall maintain a list of current program medical directors, course directors, and principle instructors within its jurisdiction.

Subsection (d) is deleted in its entirety.

Subsection (e) is amended to be the new subsection (d) for consistency with the record keeping section of the Paramedic Regulations and was a recommendation from the EMT 2010 Task Force.

Subsections (d) (2) and (3), (d) (5), (d) (7)(D), (d) (9), (d) (15) are amended for consistency with the Paramedic Regulations and was a recommendation from the EMT-II Task Force and the EMT 2010 Task Force.

Subsections (d)(7) through (d)(15) were renumbered.

Subsection (e) is added and requires the LEMSA to establish policies for collecting and storing electronic patient data.

### **NECESSITY**

These amendments are necessary:

Subsection (a) for consistency with the requirements for listing consistent information on the EMS Authority's web page.

Subsection (d) for consistency with the EMT-I Regulations

Subsection (e), (e) (2), and (3), (e) (6) (D), (e) (7), (e) (8), (e) (14), and (f) for consistency with the record keeping section of the Paramedic Regulations.

## **Section 100130. Fees.**

### **SPECIFIC PURPOSE OF THE REGULATION**

Section 1797.61 of the Health and Safety Code was added to the authority and reference sections because it clarifies what certification and licensure are along with their status.

Section 1797.184 of the Health and Safety Code has been added to the authority and reference sections because it clarifies that regulations and guidelines need to be approved by the Commission on EMS.

### **NECESSITY**

This is consistent with Division 2.5 of the Health and Safety Code, sections 1797.61 and 1797.184.

## **TECHNICAL, THEORETICAL, AND/OR EMPIRICAL STUDY, REPORTS, OR DOCUMENTS**

The Authority also relied on information from the Imperial County EMT-I Advanced trial study which was duplicated in four counties in California; Santa Clara County, Santa Barbara County, Sierra County, and Napa County and found to be effective in developing the scope of practice, hours of training and portions of the Advanced EMT Model Curriculum.

The Authority also relied upon the draft documents from the National EMS Scope of Practice Model for the Advanced EMTs.

The Authority also relied on input from the EMT-II Task Force, and EMT 2010 Task Force, which consisted of California EMS constituents that provided input from the operational, educational, administrative, and medical perspectives.

## **DOCUMENTS**

The Authority proposes to incorporate the following two documents by reference:

1. EMSA #133, June 2007, the Advanced EMT Model Curriculum. Because this level is unique to California, it is important to have an Advanced EMT Model Curriculum for Advanced EMT training programs to use in order to prepare their students to become Advanced EMTs. This Advanced EMT Model Curriculum was developed by the Educational Subcommittee of the EMT-II Task Force.
2. EMSA SCVF (01/09), the Advanced EMT Skills Competency Verification Form. This form was also developed by the EMT-II Task Force in order for a LEMSA to have documentation that each Advanced EMT will be evaluated on a bi-annual basis in the six skills listed on the form. The form also contains instructions on how to fill out the form and who may fill out the form.

These two documents will be available on the Authority's web page for individuals to review and print out.

## **REASONABLE ALTERNATIVES TO THE PROPOSED REGULATORY ACTION THAT WOULD LESSEN ANY ADVERSE IMPACT ON SMALL BUSINESS.**

The only alternative to these proposed regulations to adopt the National Education Standards and Guidelines for Advanced EMT, created by the United States Department of Transportation. At this time the textbooks have not been published.

## **EVIDENCE SUPPORTING FINDING OF NO SIGNIFICANT ADVERSE ECONOMIC IMPACT ON ANY BUSINESS**

The Authority has determined that the Advanced EMT training and scope of practice being proposed in these regulations will have no significant economic impact because approving a new Advanced EMT level of service is optional and the decision to authorize or use Advanced EMTs will be up to the LEMSA. In the event that Paramedic services would be displaced by Advanced EMTs, the LEMSA must conduct an impact evaluation report and hold a public hearing to receive the public's input.

**FOR FURTHER INFORMATION**

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